



CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS
8 Fourth St. E, Suite 200
Saint Paul, MN 55101-1024
General Information: 651-266-9090 - Code Compliance: 651-266-9016 - Fax: 651-266-9124
Visit our web site: www.stpaul.gov/dsi
Fax: 651-266-9124

FOLDER #
(for office use only)

APPLICATION FOR CODE COMPLIANCE INSPECTION: VACANT, HAZARDOUS, & ABANDONED BUILDINGS

VACANT BUILDING ADDRESS _____

USE OF BUILDING (Check One) **SINGLE FAMILY DWELLING** _____ **DUPLEX** _____

OWNER _____ DAY TIME PHONE (____) _____

ADDRESS _____ FAX (____) _____

CITY _____ STATE _____ ZIP CODE _____

Affidavit of Owner

I hereby certify that the above information and answers are correct and I am the legal owner of the premises at the above location.

I understand that all items listed on the inspection report must be corrected within six months and; where applicable (Category III Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. **It may be possible to get an additional six (6) months to complete the project, if work is proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.**

I also understand that this property shall not be occupied until all code corrections are made and written authorization to occupy is obtained.

CATEGORY INFORMATION

☐

#2

Code Compliance

☐

#3

Code Compliance

Make Checks Payable to the City of Saint Paul

Fees Effective: 01/01/2004

\$138.00 Single Family Dwelling

\$172.00 Duplex

Inspection Report

Inspection Report

Permits + Sign Off

\$5,000.00 Performance
Deposit (cash or bond)

Remove Boards

Permits + Sign Off

C of O or Certificate
of Code Compliance

C of O or Certificate
of Code Compliance

I understand residence/house must be cleaned out and sanitary or a re-inspection fee may be applied!

Signature of Owner

IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:



☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Expiration Date: _____ **Account Number:** _____ **Amount: \$** _____

_____/____/____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Signature of Card Holder (required for all charges)

Date